

BUREAU OF RECLAMATION

OPAC BILL REQUEST

CUSTOMER NAME:

CUSTOMER ALC:

DOCUMENT NUMBER:

CONTACT:

AMT OF BILL:

VENDOR NUMBER:

LINE	TRANTYPE	BFY	FUND	PROGRAM	JOB	COST CENTER	BOC/RSC	AMOUNT	I/D
001									
002									
003									
004									
005									

DESCRIPTION:

PREPARED BY:

DATE:

PHONE:

ENTERED BY:

DATE:

PHONE:

Instructions for OPAC Bill Request

Customer Name: Name of agency we are billing or crediting.

Customer ALC: 8-digit Agency Location Code

Document Number: Interagency Agreement number.

OPAC Number: To be filled in by Finance after assigned by On-Line Payment and Collection System.

AMT of Bill: Amount to be charged back or credited.

Vendor Number: To be filled in by Finance

Contact: Name and telephone number of person requesting OPAC

Tran Type: To be filled in by Finance, i.e. RM or RF

BFY: Budget Fiscal Year

Fund, Program, Job: 18-digit cost structure

Cost Center: Organization Code, i.e., D877800

BOC/RSC: Budget Object Class/Revenue Source Code, i.e., 255F or 600

Amount: Amount to be charged back or credited

I/D: Increase/Decrease - to be filled in by Finance

Description: (5 lines, 80 characters) A brief description of why the charge back or credit is being issued. Agreement Number and point of contact at other agency with telephone number and BOR contact with telephone number should be included.